

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>KPS</i>	= =	<i>10/30/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			<i>49452</i>
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS      BEST AVAILABLE COPY**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/21/02
2	✓	✓	1/21/02
3	✓	✓	1/21/02
4	✓	✓	1/21/02
5	✓	✓	1/21/02
6	0	0	0
7	✓	✓	✓
8	✓	✓	✓
9	0	0	0
10	0	0	0
11	✓	✓	✓
12	0	0	0
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
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18	✓	✓	✓
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If more than 150 claims or 10 actions  
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